

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES GRIEVANCE FORM

This form is utilized by a grievant to document a grievance that remains unresolved after informal verbal discussion between grievant and supervisor. The grievant must complete and submit this form within 5 working days following the date of the informal verbal discussion. DCFS Grievance Policy 4-12 governs the use of this form.

NAME OF GRIEVANT  
(Print or type)

PERSONNEL NUMBER

DATE GRIEVANCE FILED  
(MM/DD/YY)

DIVISION/LOCATION

JOB TITLE

### GRIEVANCE STATEMENT

(For further comments attach additional sheets)

Revised 07/2012

RELIEF SOUGHT	
<div></div>	
(For further comments attach additional sheets)	
GRIEVANT'S SIGNATURE	
DATE (MM/DD/YY)	

<b>I. A. FIRST STEP RESPONSE – Immediate Supervisor</b> (Provided to grievant within 5 working days of receipt)				
NAME OF RESPONDENT				
JOB TITLE				
DATE GRIEVANCE RECEIVED (MM/DD/YY)				
<b>RESPONSE</b>				
(For further comments attach additional sheets)				
If this first step response is not accepted, you may submit this grievance within 5 working days for a second step review to:				
NAME				
ADDRESS				
TELEPHONE NUMBER (work)				
RESPONDENT'S SIGNATURE				
DATE (MM/DD/YY)				
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"><b>B. GRIEVANT'S DECISION</b></td> <td style="width: 30%; text-align: center;"><b>Accept</b></td> <td style="width: 30%; text-align: center;"><b>Do not accept/explain below</b></td> </tr> </table>		<b>B. GRIEVANT'S DECISION</b>	<b>Accept</b>	<b>Do not accept/explain below</b>
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DATE ABOVE RESPONSE RECEIVED (MM/DD/YY)				
EXPLANATION (If response is not accepted)				
GRIEVANT'S SIGNATURE				
DATE (MM/DD/YY)				

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<b>II. A. SECOND STEP RESPONSE</b> – Regional Administrator/ or designee (Operations Division), Bureau Chief (Executive Division), Section Director (Programs and Management and Finance Divisions) (1. If there is an investigation, provide written response to grievant within 10 working days of receipt. 2. If there is a hearing, provide to grievant within 22 working days of receipt.)				
NAME OF RESPONDENT				
JOB TITLE				
DATE GRIEVANCE RECEIVED (MM/DD/YY)				
<b>RESPONSE</b>				
(For further comments attach additional sheets)				
If the second step response is not accepted, you may submit this grievance within 5 working days for a third step review to:				
NAME				
ADDRESS				
TELEPHONE NUMBER (work)				
RESPONDENT'S SIGNATURE				
DATE (MM/DD/YY)				
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DATE ABOVE RESPONSE RECEIVED				
EXPLANATION (If response is not accepted)				
	(For further comments attach additional sheets)			
GRIEVANT'S SIGNATURE				
DATE (MM/DD/YY)				

**III. THIRD STEP RESPONSE** – Division Head or designee  
(Written response provided within 20 working days of receipt)

NAME OF RESPONDENT

DATE GRIEVANCE RECEIVED  
(MM/DD/YY)

SIGNATURE OF RESPONDENT

DATE SIGNED (MM/DD/YY)

**FINAL RESPONSE**

(For further comments attach additional sheets)

Revised 07/2012